City of Los Angeles Request for Waiver Workers' Compensation Insurance Requirement

Business				
Legal Name:				
Address:			-	
Legal Form	Sole Proprietor Business Trust	Limited Partnership	General Partnership	
Contact Person	(Name and Telephone):			
City Reference	e			
City Agency _	The same of the sa	Contact Name	Telephone	
Document Refe	(bid, contract, job no., location	Any work perfor	med on City Premises?	Yes No
	o be performed for City:			
Declaration:				
Vith respect to the	above-mentioned business, I hereby	warrant that the business has	DO employage ask as to a st	

Date

partners or other principals who have elected to be exempt from Worker's Compensation coverage in accordance with California issue, I

further agree to hold the City of Lo business to comply with any such four	requirements of Section 3700 et seq. of the Callional Labor. Only with respect to providing the process of the section remetioned business. Jagres to comply when the remetioned business, Jagres to comply when the requirements and finite workers compensation, payroll taxes, FICA and tax withholding and similar employment Angeles humanes form loss or fishibity which may make from the above or regulations. I therefore request that the City of Los Angeles waive its requirement for e- connection with the show-referenced over.	d all other
Signature	4	
	City Attorney Approval:	
Owner, Officer, Director, Partnership or	other beautiful and the second	
	Visitifial Control of the Control of	